

Fiscal Report - Standard Cover Page
(separate report required for each co.)

BIRD REF. NO.: **1728**

TO: ISRAEL-U.S. BINATIONAL INDUSTRIAL RESEARCH AND DEVELOPMENT FOUNDATION

PROJECT TITLE:

CAD2SCAN

COMPANY NAME: **Capvidia**

TYPE OF REPORT: *(Interim; Final)* **Interim**

REPORTING SEGMENT COVERED (dd/mm/yy): From: **1/1/2021** To: **7/1/2021**

PROJECT EFFECTIVE DATE (dd/mm/yy): **1/1/2021** Number of months in segment: **6.0**

EXPENDITURE:	\$ U.S. CUMULATIVE ACTUAL	\$ U.S. TOTAL APPROVED BUDGET (per Annex A)	Actual, as % of Budget
Direct Labor	122,625	354,233	
Overhead @ 25%	30,656	88,558	
Tot. Direct Labor	153,281	442,791	34.6%
Equipment (Purchased & Leased)	11,044	33,401	33.1%
Materials & Supplies			-
Travel: Foreign			
Domestic			-
Subcontracts			-
Consultants			-
Other Expenses			-
Total Expenditures	164,325	476,192	34.5%
G&A @ 5%	8,216	23,810	34.5%
Total Company Expenditure	172,542	500,002	34.5%
Budget for Current Reporting Segment		172,542	
Estimated Budget for Next Reporting Segment (if relevant)		175,000	
Updated Estimate of Total Budget (as shown in Proposal)		500,000	

We confirm that this report is prepared from separate accounting records maintained for recording the entire project expenditures. The Project Manager's signature is his/her confirmation that all the listed items and expenditures were made by the company within the framework of the project .

Printed name and signature:

	Company's Project Manager	Company's Accounting Official	Company's Authorizing Official
Signature:			
Printed Name:	Daniel Campbell	Laurel Fischer	Daniel Campbell
Title:	VP Model-Based Definit	Finance Manager	VP Model-Based Definit
E-mail:	dc@capvidia.com	laurel@capvidia.com	dc@capvidia.com
Telephone no.:	+1 415 738 7366	+1 612-260-2287	+1 415 738 7366

Date Submitted (dd/mm/yy): **#####**

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For the reporting period from:

Number of months in segment:

1/1/2021

6.0

Through: 7/1/2021

7/1/2021

I. DIRECT LABOR

* % time on project within number of months during which time was spent on project

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1/1/2021

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IIa. PURCHASED EQUIPMENT (*)

Description of Equipment	Date of Purchase	Purchase Price	Percentage used on Project	No. of months used on Project During Segment	Total Charged to Project	Total Previously Reported	Cumulative Total to Date	Approved Contract Budget	
	dd/mm/yy	\$	%		\$	\$	\$	\$	
	1/1/2021	23,200	46%	6	1,777		1,777	5,381	
	1/1/2021	36,800	46%	6	2,819		2,819	8,536	
	1/1/2021	15,000	46%	6	1,149		1,149	3,479	
	1/1/2021	15,000	46%	6	1,149		1,149	3,479	
					-		-		
					-		-		
					-		-		
					-		-		
					-		-		
					-		-		
(*) The annual depreciation rate for all equipment types is 33.3%				TOTAL	\$	6,893	-	6,893	20,875

IIb. LEASED EQUIPMENT

Leased Equipment Description	Monthly Lease Cost	No. of Units	Percentage used on Project	No. of months used on Project During Segment	Total Leasing Cost	Total Previously Reported	Cumulative Total to date	Approved Contract Budget
	\$/unit/mo		%		\$	\$	\$	\$
MBDVidia - SMA	97	4	46%	6	1,071		1,071	3,229
CompareVidia - SMA	153	4	46%	6	1,689		1,689	5,121
MBDVidia for Creo and FormatWorks - SMAs	126	4	46%	6	1,391		1,391	4,176
TOTAL				\$	4,151	-	4,151	12,526

III. EXPENDABLE MATERIALS AND SUPPLIES

Description of Sub-categories	Total Charged to Project	Total Previously Reported	Cumulative Total to date	Approved Contract Budget
	\$	\$	\$	\$
			-	
			-	
			-	
			-	
			-	
			-	
			-	
			-	
TOTAL		\$	-	-

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IV. TRAVEL

A) FOREIGN

B) DOMESTIC

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1/1/2021

Through: 7/1/2021

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6.0

V. SUBCONTRACTS

Name of Subcontractor	Service performed & country	Total Charged to Project	Total Previously Reported	Cumulative Total to Date	Approved Contract Budget
		\$	\$	\$	\$
				-	
				-	
				-	
				-	
				-	
				-	
TOTAL	\$	-	-	-	-

VI. CONSULTANTS

Name of Consultant	Service performed & country	Total Charged to Project	Total Previously Reported	Cumulative Total to Date	Approved Contract Budget
		\$	\$	\$	\$
				-	
				-	
				-	
				-	
				-	
				-	
TOTAL	\$	-	-	-	-

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WORKING SHEET FOR FISCAL REPORT TO BIRD FOUNDATION

(Please use a separate page for each budget item)

COMPANY NAME:	Capvidia
REPORTING SEGMENT:	From: <u>1/1/2021</u> Through: <u>7/1/2021</u>
BUDGET ITEM:	Equipment

Name of Sub-category (taken from budget):	Purchased equipment (all)
Name of Supplier / Contractor	Date of Invoice
Capvidia NV	1/1/2021
	2021-19072
	7/29/2021
	290721-347
	90,000
TOTAL	90,000

Name of Sub-category (taken from budget):	Leased equipment (all)
Name of Supplier / Contractor	Date of Invoice
Capvidia NV	1/1/2021
	2021-19072
	7/29/2021
	290721-347
	18,000
TOTAL	18,000

Name of Sub-category (taken from budget):	
Name of Supplier / Contractor	Date of Invoice
TOTAL	

Name of Sub-category (taken from budget):	
Name of Supplier / Contractor	Date of Invoice

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COMPANY NAME: Capvidia

REPORTING SEGMENT: **From:** 1/1/2021 **Through:** 7/1/2021

BUDGET ITEM: **Materials**

Name of Sub-category (taken from budget):					
Name of Supplier / Contractor	Date of Invoice	Invoice Number	Date of Payment	Check or Transfer No.	Amount \$
TOTAL					

Name of Sub-category (taken from budget):					
Name of Supplier / Contractor	Date of Invoice	Invoice Number	Date of Payment	Check or Transfer No.	Amount \$
TOTAL					

Name of Sub-category (taken from budget):					
Name of Supplier / Contractor	Date of Invoice	Invoice Number	Date of Payment	Check or Transfer No.	Amount \$
					TOTAL

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COMPANY NAME: Capvidia

REPORTING SEGMENT: **From:** 1/1/2021 **Through:** 7/1/2021

BUDGET ITEM: **Subcontractors**

Name of Sub-category (taken from budget):					
Name of Supplier / Contractor	Date of Invoice	Invoice Number	Date of Payment	Check or Transfer No.	Amount \$
TOTAL					

Name of Sub-category (taken from budget):					
Name of Supplier / Contractor	Date of Invoice	Invoice Number	Date of Payment	Check or Transfer No.	Amount \$
					TOTAL

Name of Sub-category (taken from budget):					
Name of Supplier / Contractor	Date of Invoice	Invoice Number	Date of Payment	Check or Transfer No.	Amount \$
					TOTAL

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COMPANY NAME: Capvidia

REPORTING SEGMENT: **From:** 1/1/2021 **Through:** 7/1/2021

BUDGET ITEM: **Consultants**

Name of Sub-category (taken from budget):					
Name of Supplier / Contractor	Date of Invoice	Invoice Number	Date of Payment	Check or Transfer No.	Amount \$
TOTAL					

Name of Sub-category (taken from budget):					
Name of Supplier / Contractor	Date of Invoice	Invoice Number	Date of Payment	Check or Transfer No.	Amount \$
TOTAL					

Name of Sub-category (taken from budget):					
Name of Supplier / Contractor	Date of Invoice	Invoice Number	Date of Payment	Check or Transfer No.	Amount \$
TOTAL					

WORKING SHEET FOR FISCAL REPORT TO BIRD FOUNDATION

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COMPANY NAME: Capvidia

REPORTING SEGMENT: **From:** 1/1/2021 **Through:** 7/1/2021

BUDGET ITEM: **Other Expenses**

Name of Sub-category (taken from budget):					
Name of Supplier / Contractor	Date of Invoice	Invoice Number	Date of Payment	Check or Transfer No.	Amount \$
TOTAL					

Name of Sub-category (taken from budget):					
Name of Supplier / Contractor	Date of Invoice	Invoice Number	Date of Payment	Check or Transfer No.	Amount \$
					TOTAL